

NEBRASKA RISK AND PROTECTIVE FACTOR STUDENT SURVEY

2005 School Participation Form

***Thank you for participating in the
Nebraska Risk and Protective Factor Student Survey!***

In order to ensure enough surveys are ordered, please complete this form and return it
by **May 31, 2005** to:

Faith Mills, HHS/DBHS, P.O. Box 98925, Lincoln, Nebraska 68509-8925,
FAX (402) 479-5162 or email faith.mills@hhss.ne.gov

Our District approves the participation of District schools in the October 2005 Nebraska Risk and Protective Factor Student Survey.

School District: _____ District Number: _____
Address: _____
City: _____ County: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

The District designates the following person to serve as the primary District contact for coordination of survey activities:

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

(Superintendent Signature)

(Date)

(Superintendent Name, Printed or Typed)